

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019880

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 138 Primary Registration District No. 5826 Registrar's No. 25

FILED MAY 22 1963

VS 300
Rev. 4/59

10430

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Preston</u>		Length of stay in 1b <u>33 years</u>	c. CITY OR TOWN <u>Preston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. H. 65</u>		d. STREET ADDRESS (If outside, give location) <u>S. H. 65</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Alto</u> Middle <u>Ada</u> Last <u>Warner</u>		4. DATE OF DEATH <u>May 14-1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-2-98</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black Angus Cattle</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Preston, Mo.</u>
13a. FATHER'S NAME <u>James M. Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Zennie Bandel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>NA</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mamie Roberson</u>		Address <u>Preston, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Angina</u> DUE TO (c) <u>Pulmonary Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinomatosis secondary to breast</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1 1963</u> , to <u>May 14 1963</u> and last saw her alive on <u>May 14 1963</u> Death occurred at <u>11</u> m on the date stated above, and to the best of my knowledge from the causes stated.		22c. DATE SIGNED <u>5-15-63</u>	
22a. SIGNATURE (Degree or title) <u>Robert H. Thawley</u>		22b. ADDRESS <u>Waco Creek, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-17-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boovers Chapel Cemetery, Urbana, Mo.</u>	
24. FUNERAL DIRECTOR <u>Robert H. Thawley</u>		25. DATE RECD. BY LOCAL REG. <u>May 16-1963</u>	
26. REGISTRAR'S SIGNATURE <u>May Johnson</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

